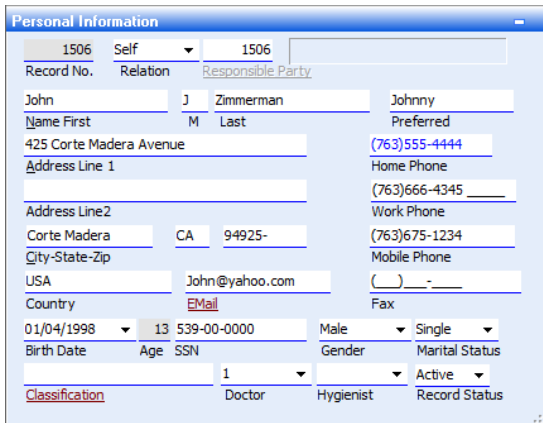


**Patient Information:**



Personal Information

1506 Self 1506

Record No. Relation Responsible Party

John J Zimmerman Johnny

Name First M Last Preferred

425 Corte Madera Avenue (763)555-4444

Address Line 1 Home Phone

(763)666-4345

Address Line2 Work Phone

Corte Madera CA 94925- (763)675-1234

City-State-Zip Mobile Phone

USA John@yahoo.com ( ) - -

Country Email Fax

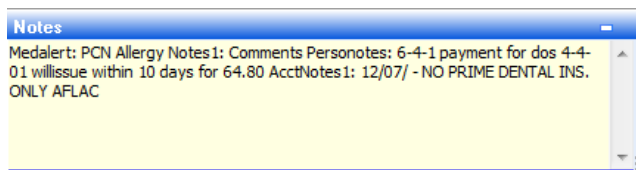
01/04/1998 13 539-00-0000 Male Single

Birth Date Age SSN Gender Marital Status

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address 1
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Gender
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active, Auxiliary, Collection, Inactive

**Notes:**

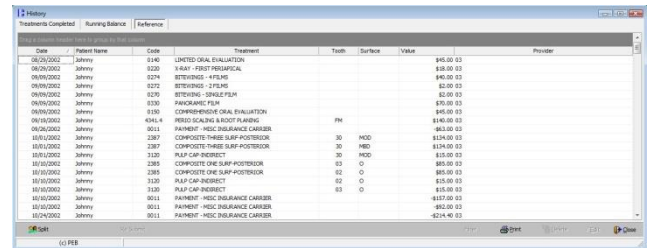


Notes

Medalart: PCN Allergy Notes 1: Comments Personotes: 6-4-1 payment for dos 4-4-01 will issue within 10 days for 64.80 AcctNotes 1: 12/07/ - NO PRIME DENTAL INS. ONLY AFLAC

- Account Note
- AR Note

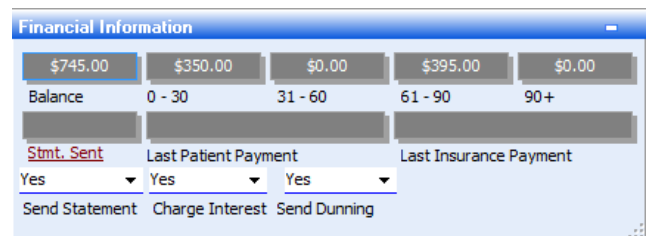
**History Reference Tab:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
02/25/2002	Johnny	0140	LIMITED ORAL EVALUATION			\$45.00 03	
02/26/2002	Johnny	0220	HEAD FIRST PHYSICAL			\$28.00 03	
04/09/2002	Johnny	0274	RETURNS - AFPM			\$45.00 03	
04/09/2002	Johnny	0222	RETURNS - FCMS			\$23.00 03	
04/09/2002	Johnny	0250	RETURNS - SINGLE FILM			\$2.00 03	
04/09/2002	Johnny	0330	PANORAMIC FILM			\$75.00 03	
04/09/2002	Johnny	0150	COMPOSITE ORAL EVALUATION			\$45.00 03	
04/09/2002	Johnny	0414	PROF SCALING & ROOT PLANING		PH	\$140.00 03	
04/09/2002	Johnny	0011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
04/09/2002	Johnny	2387	COMPOSITE THREE SLAP POSTERIOR	30	MOD	\$174.00 03	
04/09/2002	Johnny	2389	COMPOSITE THREE SLAP POSTERIOR	30	MOD	\$174.00 03	
04/09/2002	Johnny	3120	PALP CAR INDIRECT	30	MOD	\$15.00 03	
04/09/2002	Johnny	3120	PALP CAR INDIRECT	02	O	\$65.00 03	
04/09/2002	Johnny	3120	PALP CAR INDIRECT	02	O	\$65.00 03	
04/09/2002	Johnny	3120	PALP CAR INDIRECT	03	O	\$65.00 03	
04/09/2002	Johnny	0012	PAYMENT - MEDIC INSURANCE CARRIER			\$177.00 03	
04/09/2002	Johnny	0011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
04/09/2002	Johnny	0011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.00 03	

- Treatment History – Viewable as History Reference – Does not include deleted transactions [includes Charges, Payments, Debits and Credits]
- Date
- Patient Name
- Code
- Treatment Description
- Tooth
- Surface
- Value
- Provider

**Financial Information:**



Financial Information

\$745.00 \$350.00 \$0.00 \$395.00 \$0.00

Balance 0 - 30 31 - 60 61 - 90 90+

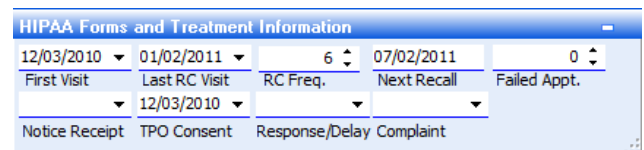
Stmnt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

- Account Balances -- Aged accordingly based on patient primary doctor.
- Send Statement – Defaults to Yes
- Charge Interest – Defaults to Yes
- Send Dunning – Defaults to Yes

**HIPAA Forms and Treatment Information:**



HIPAA Forms and Treatment Information

12/03/2010 01/02/2011 6 07/02/2011 0

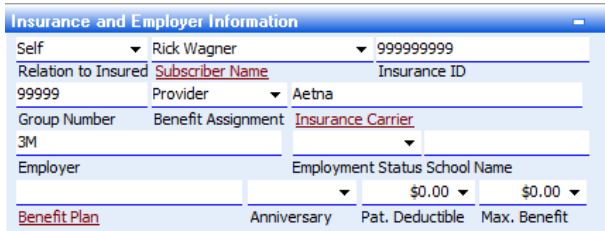
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

12/03/2010

Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Visit Date
- Last Recall Visit
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent(defaults to conversion date)

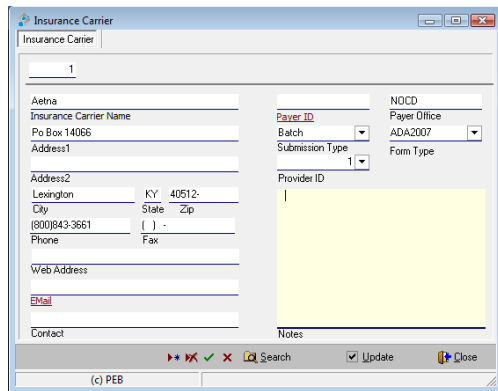
**Insurance and Employer Information:**



Self Rick Wagner 999999999  
 Relation to Insured Subscriber Name Insurance ID  
 99999 Provider Aetna  
 Group Number Benefit Assignment Insurance Carrier  
 3M  
 Employer Employment Status School Name  
 \$0.00 \$0.00  
 Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary – Self Only
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available
- Group Number
- Benefit Assignment – Defaults to Provider
- Insurance Carrier Name
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

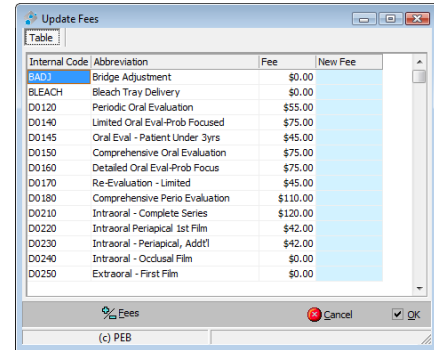
**Insurance Carrier:**



1  
 Aetna Insurance Carrier Name Payer ID NOCD  
 Po Box 14066 Payer Office  
 Address1 Batch ADA2007  
 Submission Type Form Type  
 1  
 Address2 Provider ID  
 Lexington KY 40512  
 City State Zip  
 (800)843-3661 Phone  
 Web Address  
 EMail  
 Contact Notes  
 Search Update Close  
 (c) PEB

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID
- Payer Office – Defaults to NOCD
- Submission Type – Defaults to Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

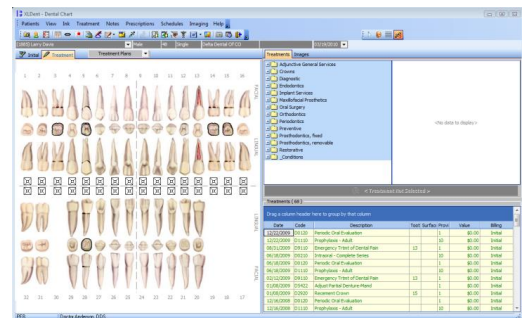
**Fee Table:**



Internal Code	Abbreviation	Fee	New Fee
BADJ	Bridge Adjustment	\$0.00	
BLEACH	Bleach Tray Delivery	\$0.00	
D0120	Periodic Oral Evaluation	\$55.00	
D0140	Limited Oral Eval-Prob Focused	\$75.00	
D0145	Oral Eval - Patient Under 3yrs	\$45.00	
D0150	Comprehensive Oral Evaluation	\$75.00	
D0160	Detailed Oral Eval-Prob Focus	\$75.00	
D0170	Re-Evaluation - Limited	\$45.00	
D0180	Comprehensive Perio Evaluation	\$110.00	
D0210	Intraoral - Complete Series	\$120.00	
D0220	Intraoral Periapical 1st Film	\$42.00	
D0230	Intraoral - Periapical, Addtl	\$42.00	
D0240	Intraoral - Occlusal Film	\$0.00	
D0250	Extraoral - First Film	\$0.00	

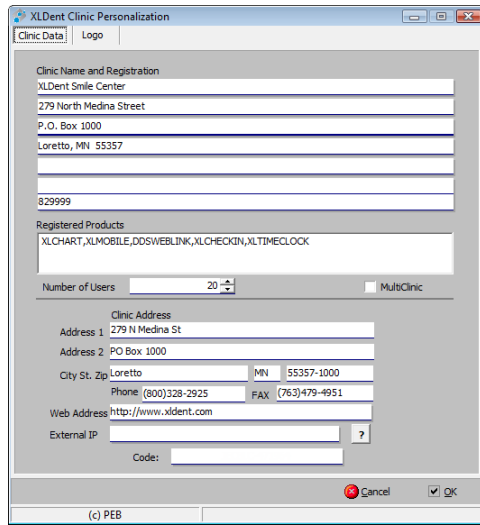
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

**XLChart™:**



- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

**Practice Information**

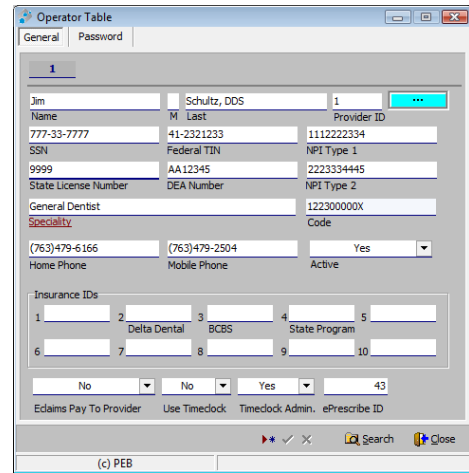


The screenshot shows the 'XL Dent Clinic Personalization' window with the 'Clinic Data' tab selected. It contains several input fields for clinic information:

- Clinic Name and Registration:** XLDent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357, 829999.
- Registered Products:** XLCHART, XLMOBILE, DDSWEBLINK, XLCHECKIN, XLTIMECLOCK.
- Number of Users:** 20, with a 'MultiClinic' checkbox.
- Clinic Address:** Address 1: 279 N Medina St, Address 2: PO Box 1000, City: Loretto, State: MN, Zip: 55357-1000, Phone: (800)328-2925, FAX: (763)479-4951, Web Address: http://www.xldent.com, External IP: [?], Code: [?].

- Practice Demographic Information
- Clinic Name
- Clinic Address and Phone
- Clinic Logo

**Operator Table:**



The screenshot shows the 'Operator Table' window with the 'General' tab selected. It displays a grid of fields for operator information:

1	Jim	Schultz, DDS	1	...
Name	M	Last	Provider ID	
777-33-7777	41-2321233	1112222334		
SSN	Federal TIN	NPI Type 1		
9999	AA 12345	2223334445		
State License Number	DEA Number	NPI Type 2		
General Dentist	122300000X			
Specialty		Code		
(763)479-6166	(763)479-2504	Yes		
Home Phone	Mobile Phone	Active		
Insurance IDs				
1	2	3	4	5
	Delta Dental	BCBS	State Program	
6	7	8	9	10
	No	No	Yes	43
Eclams Pay To Provider Use Timeclock: Timeclock: Admin. ePrescribe ID				

- Provider Information for all Doctors and Hygienists
- First Name
- Middle Initial
- Last Name
- Provider ID – Same as previous software
- SSN
- Federal TIN
- NPI Type 1
- State License Number
- DEA Number
- NPI Type 2
- Specialty
- Home Phone
- Mobile Phone
- Active – All convert as Yes
- Insurance ID's – If available

**File Location:**

?:\windent\

**Files Needed**

?:\windent\\*. \* excluding Images folder  
Need software and license disks if available.

**Disclaimer:**

The success of the conversion is largely based on the data provided. Please be aware that not all data will be transferred. Information that is incorrect or corrupt in your previous system will not be corrected by the conversion. Therefore, some information will need to be manually entered. Verification of conversion data is dependent on supplied fax documents by end user.

### **Duplicate Patients:**

Some Practice Management software will allow entry of patients and other information multiple times without warning of duplication. Due to the nature of the database conversion process, there are some items that you should review on the conversion evaluation to identify this duplication. One such item is the duplication of Patient records.

### **Special Conversion Considerations:**

Conversions are in constant development, in the event you have questions about data being converted or require special consideration. Please contact your XLDent<sup>™</sup> Representative.

### **Items that do not convert:**

Specific areas that will not convert include, but are not limited to, the following:

- ⊙ Periodontal Charting
- ⊙ Provider Accounts Receivable Distribution
- ⊙ Payment Plans/Contract Balances
- ⊙ Outstanding Insurance Claims
- ⊙ Referrals
- ⊙ Prescription Listing
- ⊙ Patient Prescriptions
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ Progress Notes
- ⊙ Treatment Plans

### **Notes on Conversions:**

- Due to the way Windent allows entry of procedures, some information may be missing or incorrect.

Below are some additional notes concerning some of the items that will or will not be converting.

### **Patient ID**

A new patient identification number will be assigned for all patients. The patient id number in your previous system will not be converted.

### **Gender**

When this is not converted or not entered into current system it will default to Male.

### **Marital Status**

When this is not converted or not entered into current system it will default to Other.

### **Preferred Dentist**

When this is not converted all patients will be assigned to the default doctor.

### **First Visit Date**

When this is not converted or the patient does not have a first visit date, it will be assigned to the date of the conversion. This is done so the New Patient Report will be accurate for new patients entered into XLDent<sup>™</sup>. This can be manually changed.

### **Recall Frequency**

When this is not entered into current system it will default to 0. This will have to be manually updated after loading the converted database.

End of Month and End of Year will be processed during the conversion. You will be starting a new month and a new year after the conversion. You will want to maintain the End of Month and End of Year totals or reports from your previous system. At the end of the actual month and year, you will combine the totals from XLDent<sup>™</sup> and the totals from your previous system to get an accurate Month to Date and Year to Date total.

**If posting after conversion cutoff date in your existing practice management software, reports will be inaccurate for End of Month and End of Year due to duplicate entry.**

**Actual data varies from dataset to dataset, visual representation may be different.**